

Eric R. Sizler & Associates

7271 Bee Ridge Rd, Sarasota FL, 34241

Client Information Form

First name _____ Last name _____

Date of birth ____/____/____ Phone number ____-____-____

Would you like **text message reminders** sent to the phone number you provided? YES / NO

Address _____

Email _____

Who were you referred by? _____

Parent or legal guardian information

Parent's name _____

Parent's phone number ____-____-____

Parent's email _____

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Financial Policy Agreement / Consent for Treatment

Financial Policy Agreement

Eric R. Sizler & Associates may accept many out of network insurance plans (PPO and PPS) as a form of payment. Fees for services are paid at the time services as rendered. At your request, you will be provided an invoice that you may submit to your insurance company for reimbursement. Please note that Eric R. Sizler & Associates does not interact with insurance companies on your behalf. For your convenience, Visa, Master Card, Discover, American Express, cash or personal checks are accepted as payment.

Since a 48 hour notice is required for cancellation of an appointment, you will be charged \$50.00 if the cancellation is made with less than a 48 hour notice or if you do not show for your appointment.

Checks returned for insufficient funds are subject to prosecution under the laws of the State of Florida. You will be charged a \$35.00 service charge on any returned check in addition to the fee for service rendered. Please note that this office does refer delinquent accounts to a collection agency when satisfactory arrangements cannot be made and our provider/patient relationship may be affected.

We hope this statement of policy will be helpful to you in understanding your financial obligations to this office. Please sign below to acknowledge your understanding and agreement.

Consent for Treatment

I certify that the information on this form is correct and I authorize Eric R. Sizler & Associates to correspond as agreed and deliver professional psychological services to me and/or my dependent family members, as stated above, if applicable. I understand I may terminate services at any time I wish. I agree to pay the agreed upon charges in full. I authorize release of psychological records necessary to collect fees for services from third party payers. The fee for services will be at the full fee or contracted fee arranged between patient and Eric R. Sizler & Associates. I certify that I understand the above information and have had the opportunity to ask questions for clarification as needed.

I authorize Eric R. Sizler & Associates to provide me with psychological services. I make this request freely and without coercion. If I give permission for a recording to be made of my session, this material may be referred to in writing or used in providing training to individual who are learning to use processes used during the course of my treatment with Eric R. Sizler & Associates. I understand I may terminate services at any time. I understand I will be informed of the benefits and risks of treatment. Additionally, I understand that Eric R. Sizler & Associates will provide professional experience and pertinent information concerning his licensing status (Scope of Practice).

If I am requesting services outside the State of Florida through electronic communication such as phone, Skype, Face Time or Google Hangout: I understand that I am entering a coaching relationship and the services I receive will be considered as such.

I hereby acknowledge that I have been given an opportunity to read and receive a copy of the HIPPA Notice of Privacy Practices and that any questions I had have been answered. If I have further questions regarding the Notice or my privacy rights, I can contact Eric R. Sizler & Associates.

I have read the financial policy agreement, confidentiality disclosure, and the office policies concerning urgent care, appointments, and fees. I understand my provider and I will review treatment and I am encouraged to ask questions concerning treatment at any time during the treatment process.

Patient Signature _____ Date _____ Printed Name _____ DOB _____

Street Address _____ ZIP _____

Email _____ Phone _____

Credit Card Number _____ Expiration Date _____ CVV _____

I understand that Eric R. Sizler & Associates provides appointment reminder calls/messages as a courtesy. By initialing below I authorize Eric R. Sizler & Associates to contact me through phone, email or text and leave messages. _____ **(Initial)**

Inventory of Common Problems (ICP)*

Name: _____ Date: _____

The following items represent common problems for individuals. How much has each problem distressed, worried or bothered you in the past few weeks? Please circle the answer that is most correct for you.

	Not at all	A little bit	Moderately	Quite a bit	Very much			
	1	2	3	4	5			
1.	Feeling depressed, sad, dejected?			1	2	3	4	5
2.	Blaming, criticizing, or condemning myself?			1	2	3	4	5
3.	Feeling discouraged or like a failure?			1	2	3	4	5
4.	Suicidal thoughts or concerns?			1	2	3	4	5
5.	Feeling irritable, tense, or nervous?			1	2	3	4	5
6.	Feeling fearful?			1	2	3	4	5
7.	Spells of terror or panic?			1	2	3	4	5
8.	Feeling like I'm "going to pieces?"			1	2	3	4	5
9.	Work Problems?			1	2	3	4	5
10.	Difficulty caring about or concentrating on work?			1	2	3	4	5
11.	Indecision or concern about choice of career or major?			1	2	3	4	5
12.	Feeling like I'm not doing as well at work as I should?			1	2	3	4	5
13.	Problems with romantic or sexual relationships?			1	2	3	4	5
14.	Family problems?			1	2	3	4	5
15.	Difficulty getting along with others?			1	2	3	4	5
16.	Feeling lonely or isolated?			1	2	3	4	5
17.	Physical health problems?			1	2	3	4	5
18.	Headaches, faintness, or dizziness?			1	2	3	4	5
19.	Trouble sleeping?			1	2	3	4	5
20.	Eating, appetite, or weight problems?			1	2	3	4	5
21.	My use of alcohol?			1	2	3	4	5
22.	My use of marijuana?			1	2	3	4	5
23.	How many psychoactive drugs I use?			1	2	3	4	5
24.	How many prescription drugs I use?			1	2	3	4	5

If so, what? _____